

**STANDING COMMITTEE
ON
MEDICAL MANPOWER**

**ANNUAL REPORT
1984**

**Manitoba
Health Services
Commission**





Health

Standing Committee on
Medical Manpower

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

March 1, 1985

The Honourable L. L. Desjardins,
Minister of Health,
7th Floor, 175 Hargrave Street,
WINNIPEG, Manitoba
R3C 3R8

Dear Mr. Desjardins:

I have the honour to submit the annual report of the Standing Committee on Medical Manpower for 1984.

Four all day meetings of the full committee were held in Winnipeg during the year. Comprehensive minutes of these meetings are available should you wish to examine them.

Between general meetings, subcommittees performed the committee's functions and implemented its recommendations.

The committee wishes to express its appreciation to all those who helped with its work.

I wish to thank all members of the committee personally for their conscientious consideration of the issues addressed in this report.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "G. Johnson".

George Johnson, M.D.,
Chairman,
Standing Committee on Medical Manpower

Manitoba



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Standing Committee on
Medical Manpower

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

March 1, 1985

The Honourable M. L. Hemphill,
Minister of Education,
168 Legislative Building
450 Broadway Avenue
WINNIPEG, Manitoba
R3C 0V8

Dear Mrs. Hemphill:

I have the honour to submit the annual report of the Standing Committee on Medical Manpower for 1984.

Four all day meetings of the full committee were held in Winnipeg during the year. Comprehensive minutes of these meetings are available should you wish to examine them.

Between general meetings, subcommittees performed the committee's functions and implemented its recommendations.

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George Johnson, M.D.,
Chairman,
Standing Committee on Medical Manpower

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INTRODUCTION

The Standing Committee on Medical Manpower, established in 1979, reports to the Ministers of Health and Education.

The Committee conducts reviews, analyses and evaluations of all matters relating to the supply, category of practice and geographic distribution of physician manpower in Manitoba. Committee members represent the Manitoba Health Services Commission, the Department of Health, the Universities Grants Commission, the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Faculty of Medicine, University of Manitoba, and other groups concerned with physician manpower.

Members report regularly to their organizations and relay to the committee the views of their colleagues.

Close, informal liaison is maintained with Mr. T. R. Edwards, C.A., Deputy Minister of Health and Executive Director of the Manitoba Health Services Commission.

MEMBERS:

R. J. Boyd, M.D.,	Manitoba Medical Association
G. Dow, M.D.,	Manitoba Medical Association
G. Gelowitz,	Manitoba Health Organizations, Inc.
A. Goldstein,	Universities Grants Commission
R. A. Bailey, M.D.,	College of Physicians and Surgeons (Manitoba)
H. J. Gilmour,	Urban Municipal Association
R. Sigurdson,	Union of Manitoba Municipalities

L. Bellan, M.D., Professional Association of Residents
and Internes, Manitoba (PARIM)

B. D. Postle, M.D., University of Manitoba

T. Williams, M.D., Laboratory and X-ray Services, Manitoba Health
Services Commission

Mrs. D. Russell, Director, Rural Facilities, Manitoba Health Services
Commission

G. Johnson, M.D., Chairman, Manitoba Health Services Commission

D. Pascoe, Director, Research and Planning, Manitoba Health

M. Painchaud, Secretary, Manitoba Health Services Commission

Ex officio Members:

Dr. T. A. J. Cunnings, Advisor, Manitoba Health Services Commission

J. C. Wilt, M.D., Assistant Deputy Minister, Community Health
Programs, Manitoba Health

MEETINGS:

During 1983/84 the Standing Committee on Medical Manpower, which in
the balance of this report is designated by the acronym SCOMM, held
quarterly meetings as follows:

1. April 10, 1984 - Manitoba Health Services Commission
2. June 21, 1984 - Manitoba Health Services Commission
3. Oct. 21, 1984 - Manitoba Health Services Commission
4. Dec. 10, 1984 - Manitoba Health Services Commission

During 1984, Dr. R. A. Bailey replaced Dr. R. Redekop as representative of the College of Physicians and Surgeons of Manitoba; Dr. L. Bellan replaced Dr. C. Black as representative of the Professional Association of Residents and Internes, Manitoba (PARIM); Dr. B. Postle replaced Dr. Hildes and Dr. Greensmith, representatives, the University of Manitoba; Mrs. D. Russell, Director, Rural Health Facilities, Manitoba Health Services Commission replaced Mr. R. Brown; A. Goldstein replaced J. MacMartin, representing the Universities Grants Commission; Marcel Painchaud replaced Don Krack as secretary of the committee.

Dr. J. Hildes, founding member of SCONM died, in December, 1984. Dr. Hildes made a significant contribution to SCONM and was instrumental in the initiation of basic programs such as that offering incentives to under-graduate medical students and the placement service.

SUBCOMMITTEES:

Seven subcommittees met at frequent but irregular intervals at the discretion of the Chairman. These are:

- Liaison Subcommittee with the Faculty of Medicine,
University of Manitoba
- Subcommittee on Public Health
- Subcommittee on Shared Services
- Subcommittee on Placement
- Subcommittee on Anaesthesia
- Subcommittee on Underserviced Area Program
- Subcommittee on Criteria for Underserviced Areas

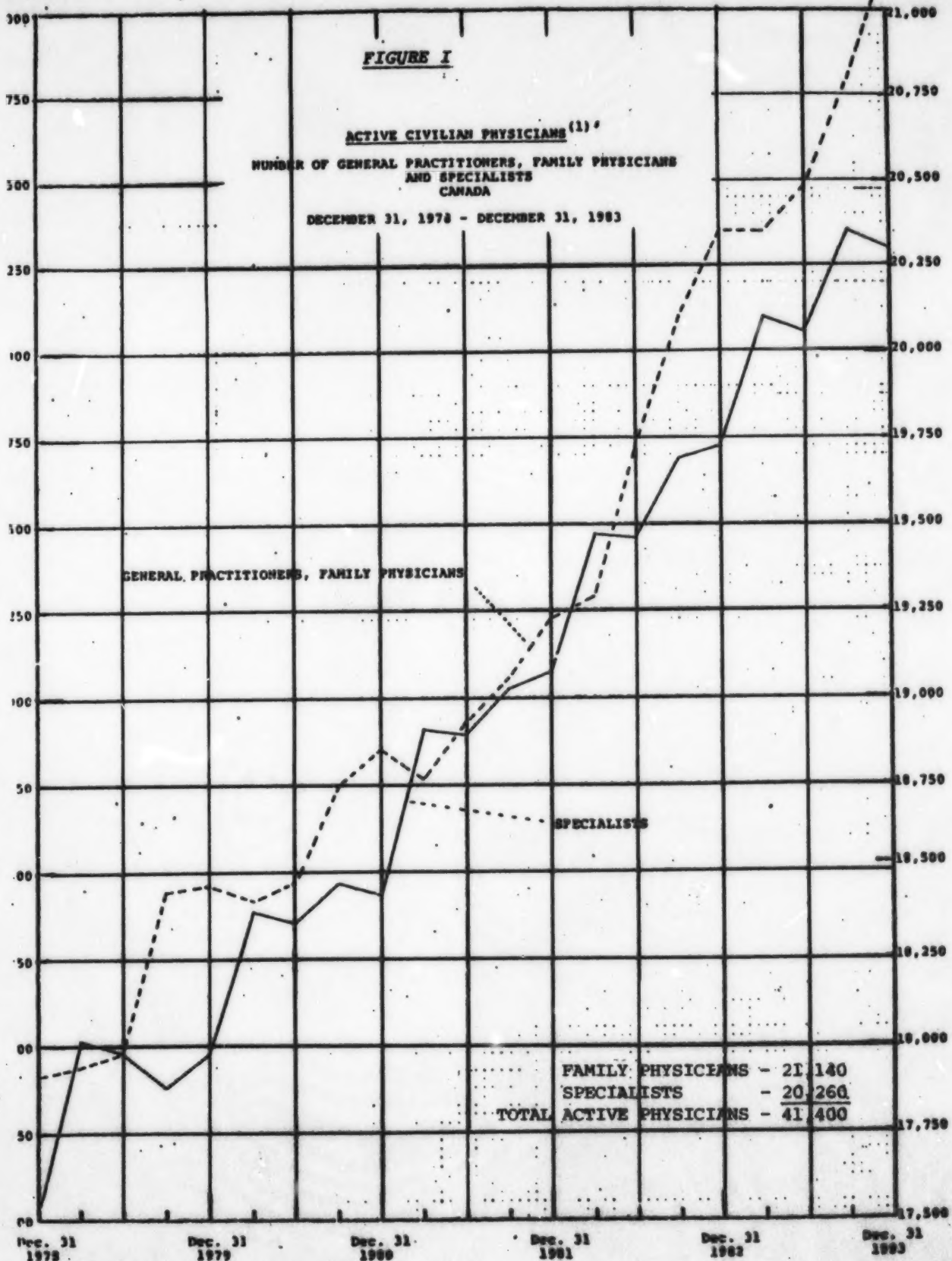
FUNCTION OF THE CHAIRMAN:

The chairman implements recommendations of SCONM and its subcommittees on a continuing basis. The chairman and secretary maintain liaison with the following:

- . The Manitoba Medical Association.
- . The Federal Office of Employment and Immigration, which refers all requests for entry of foreign physicians to Manitoba for approval of the chairman of SCONM.
- . The College of Physicians and Surgeons, responsible for registration and licensure of physicians in Manitoba.
- . The Post-Graduate Committee on Medical Education, Faculty of Medicine, University of Manitoba, concerning the rural residency incentive program.
- . Department of Family Medicine, Faculty of Medicine, University of Manitoba, concerning the incentive programs for first and second year medical students and the post-graduate residency program for family physicians.
- . Rural communities to determine local needs.
- . Physicians in rural communities where additional manpower is required.
- . Students showing interest in the incentive programs.

PHYSICIAN SUPPLY:

The number of active physicians in Canada, excluding residents and interns, has increased by 22.49 percent from 33,800 on December 31, 1976 to 41,400 on December 31, 1983 (FIGURE I).



1 Interns and residents not included.

NOTE: Computer tapes purchased by the Department of National Health and Welfare from Sales/Marketing Systems, Southern Direct Marketing Services, Scarborough, Ontario,

with Information Division, Information Systems Directorate Policy, Planning and Information Branch, Department of National Health and Welfare.

On January 1, 1984, 1,809 physicians and surgeons were registered with the Manitoba Health Services Commission, compared to 1,719 on January 1, 1983. This is a net increase of 90 or five percent during the year, compared to an increase of 2.7 percent in 1983.

The ratio of physicians to population in Manitoba is illustrated in TABLE 1.

TABLE 1
Estimated Population per Physician¹

Newfoundland	597	Quebec	487	Alberta	603
Nova Scotia	524	Ontario	500	British Columbia	493
Prince Edward Island	812	Manitoba	499	Yukon	723
New Brunswick	810	Saskatchewan	646	Northwest Territories	1,369
				CANADA ²	519

The above figures, supplied by Canada Health and Welfare, include residents and interns, and are a less precise gauge of physician manpower than the Manitoba Health Services Commission registry or the rolls of the licensing agent, the College of Physicians and Surgeons of Manitoba.

Footnotes: 1. Includes Interns and residents.

2. Health Information Division, Health and Welfare Canada

Tables II and III based on information provided by the College of Physicians and Surgeons of Manitoba, show that between 1979 and 1984 the number of physicians practicing in Winnipeg increased by 207 while the number of physicians practicing in other areas of the province increased by 28, 26 of whom entered rural practice in 1983/84.

The tables also show that of 445 physicians practicing outside Winnipeg, 99 are in Brandon, leaving 346 rural physicians in a total of 2,114.⁽¹⁾ Thus we have approximately one physician for every 394 residents in Winnipeg and Brandon and one physician for every 1,406 residents in rural areas.

The physician to population ratio is not always an accurate measurement of need. Of physicians located in Winnipeg and Brandon, 636 are specialists who serve all Manitobans. The primary care physician to population ratio in urban areas is, therefore, one to 723 compared to one to 1,406 in rural areas.

TABLE II
Number of Licensed Medical Practitioners in Manitoba

<u>Year</u>	<u>Winnipeg</u>	<u>%</u>	<u>Outside Winnipeg</u>	<u>%</u>	<u>Total</u>	<u>Net Gain or Loss</u>
1979	1,269	75.3	417	24.7	1,686	-1
1980	2,376	75.3	419	24.7	1,695	+9
1981	1,323	76.1	416	23.9	1,739	+44
1982	1,379	75.9	437	24.1	1,816	+77
1983	1,424	77.3	419	22.7	1,843	+27
1984	1,476	76.8	445	23.2	1,921	+78

(1) Includes Residents and Interns.

TABLE III

Distribution of Medical Practitioners as of July 31, 1984

	<u>Origin</u>	<u>Winnipeg</u>	<u>Brandon</u>	<u>Rural</u>	<u>Residency</u>
TOTAL		1,476	99	346	193
(%)Canada		69.5	43.4	47.4	80.8
(%)United Kingdom and Ireland		15.9	34.3	36.4	9.3
(%)Others		14.6	22.3	16.2	9.9

Of the 1,476 practitioners in Winnipeg, 57.2 percent are graduates of the University of Manitoba; 12.3 percent are graduates of other Canadian universities; 31 percent are graduates of foreign universities.

Of the 99 practitioners in Brandon, 32.3 percent are graduates of the University of Manitoba; 11.1 percent are graduates of other Canadian universities; 56.6 percent are graduates of foreign universities.

Of the 346 practitioners in rural Manitoba, excluding Brandon, 38.2 percent are graduates of the University of Manitoba, 9.2 percent are graduates of other Canadian universities, 52.6 percent are graduates of foreign universities.

The Manitoba Health Services Commission funds 338.5 residents and interns. In addition, there are approximately 55 Fellows and residents externally funded. One hundred and forty-five (145) of these residents are not included in the registration figures of the College of Physicians and Surgeons. Figures supplied by the College of Physicians and Surgeons include some retired and semi-retired physicians.

Because the number of women in medicine is increasing and because this will gradually change the makeup of the physician pool, we have, for the past three years, counted women physicians separately.

TABLE IV
Number of Licensed Women Practitioners in Manitoba

	<u>Winnipeg</u>	<u>Brandon</u>	<u>Rural</u>	<u>Total</u>	<u>Residency</u>
1982	213	8	44	265	51
1983	261	12	41	314	55
1984	251	12	45	308	59

Of all licensed physicians in Manitoba 15.9 percent are women. In Winnipeg, women comprise 16.9 percent of all physicians, in Brandon, 12.1 percent and in rural Manitoba, 13 percent. Thirty-one percent of all hospital residents are women.

NEED FOR PHYSICIANS:

The increase of 78 physicians in Manitoba in 1984 (TABLE II) occurred even though the licensing body, the College of Physicians and Surgeons of Manitoba, registered 40 fewer physicians in 1984 than in 1983.

This reflects the fact that physicians are becoming less mobile. There are two reasons for this; more stringent licensing requirements, and an increase in physician supply in other jurisdictions.

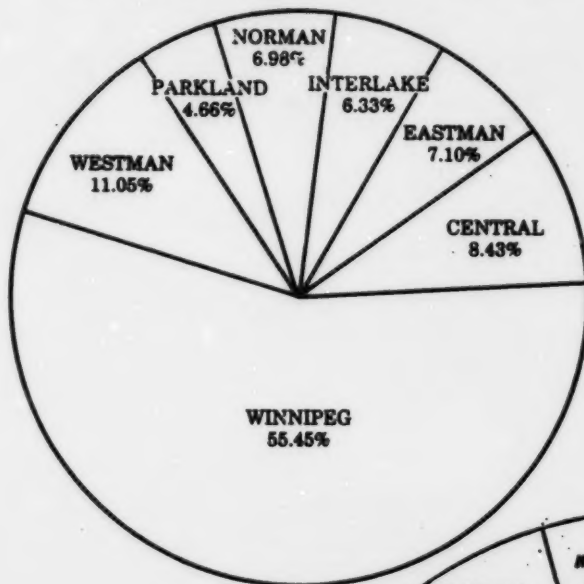
TABLE II shows an increase of 26 rural physicians in 1984 over 1983. Of these, 12 are Manitoba medical graduates, two are medical graduates from other provinces and nine are graduates of foreign medical schools. Three additional foreign medical graduates received temporary entry status to practice in northern areas. These 26 physicians bring the total number practicing in rural Manitoba to 346, the largest number ever recorded.

TABLES I and II show Manitoba physicians concentrated in urban areas with an apparent shortage in rural areas. However, an examination of physician to population ratios on a regional basis (FIGURE 2) shows some maldistribution, but the situation is by no means critical. FIGURE II represents only physicians on the Manitoba Health Services Commission Register with earnings over \$30,000 per year. In most regions, the ratios are closer to 1:1,500 because of salaried physicians employed by the Government of Manitoba, the Government of Canada, private organizations, and semi-retired physicians earning less than \$30,000 per year. Internationally, it is recognized that a population of 1,700 - 2,500 is required to maintain a primary care physician in a viable practice.

SCOMM is cautiously optimistic about the future supply of rural physicians. However, specific problems affect rural communities and continue to cause concern.

FIGURE II

Percentage Distribution of Population
by Health Region, June 1, 1983.

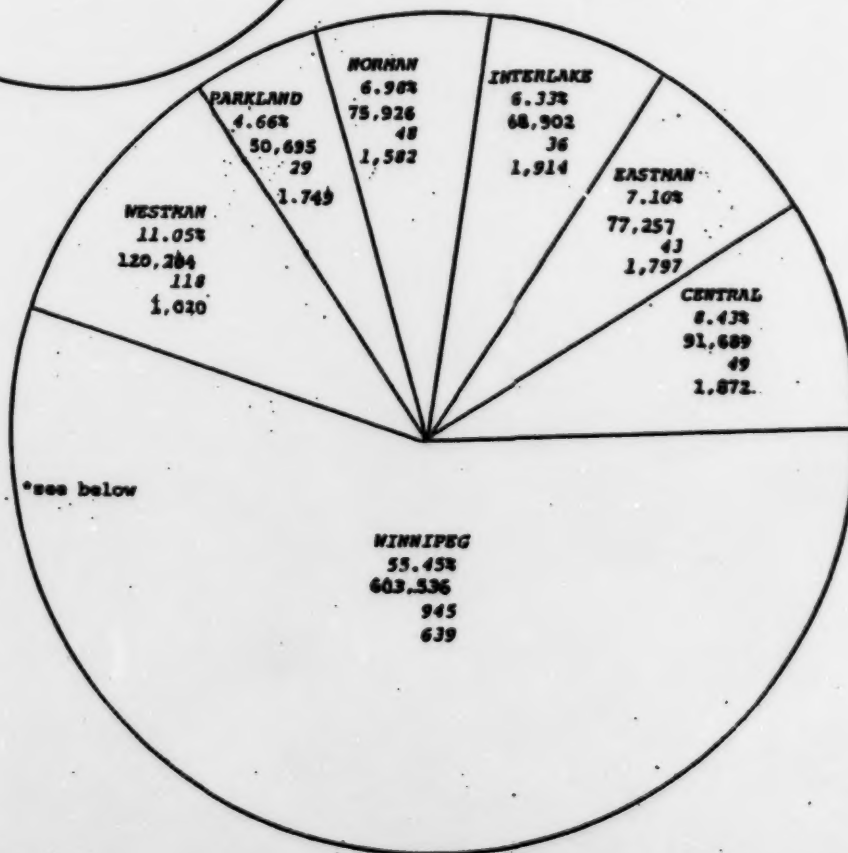


Number of Health Practitioners
and Population Per Practitioner
by Health Region, 1983/84.

PRACTITIONERS WHO RECEIVED PAYMENT IN EXCESS OF \$30,000

HEALTH REGION	POPULATION ¹	NUMBER	PHYSICIANS POPULATION PER PRACT.
Central	91,689	49	1,871
Eastman	77,257	43	1,797
Interlake	68,902	36	1,914
Norman	75,926	48	1,582
Parkland	50,695	29	1,748
Westman	120,284	118	1,019
Winnipeg	603,536	945	639
Manitoba	1,088,289	1,268	858

¹M.H.S.C. Registered Population as of June 1, 1983.



*-Region

-Percent of Total Population of Province

-Population of Region

-Number of Physicians

-Phys/Population RATIO

POPULATION - Manitoba 1,088,289
- Winnipeg 603,536
- Rural 484,753

Several smaller communities served by a single physician and in need of additional service find it difficult to recruit Manitoba medical graduates or to retain foreign medical graduates because young physicians do not favour rural practice.

Foreign medical graduates discharge their one year contractual obligations after being granted temporary entry permits, but tend to migrate to urban centres in Manitoba or elsewhere in Canada after they become permanent residents.

The suggestion that the temporary entry period be extended from one to two years is under review.

Rural Manitoba needs radiologists. SCOMM advertises widely in and outside Manitoba in an attempt to fill these vacancies and committee members have met several times with residents and interns to encourage them to consider practice in rural regional centres. However, radiologists prefer urban settings where specialized training can be fully utilized.

SCOMM is reviewing the possibility of reaching agreement with urban radiologists for rotational service to rural Manitoba.

Rural Manitoba is also short of psychiatrists and of family physicians with training in obstetrics and/or anaesthesia.

Many small communities want itinerant physician services for their elderly residents. SCONM believes that these services can be most effectively provided by visiting physicians from regional centres. Evidence for this belief is successful services in Killarney - Cartwright, Dauphin - Gilbert Plains, and Morris - Dominion City.

Although some Manitoba medical graduates have recently located in northern communities, these communities are still dependent on graduates of foreign medical schools. It will, therefore, remain necessary to recruit them until more Canadians can be persuaded to accept practice in rural and remote areas.

NEED FOR INCENTIVE PROGRAMS:

SCONM has in place measures to aid in recruitment of physicians for medically under-serviced regions or for selected medical specialties in which critical shortages may arise.

BARRIERS TO PRACTICE IN UNDERSERVICED AREAS:

There is consensus that barriers to establishment of practice in underserviced areas of Manitoba include:

- (a) isolation from professional colleagues
- (b) overwork resulting from public demand for continuous service
- (c) lack of acceptable housing

- (d) limited social and cultural amenities
- (e) high cost of establishing a viable practice
- (f) high cost of living, particularly travel for vacations, business or professional meetings
- (g) difficulty of getting temporary replacements to permit travel or attendance at meetings
- (h) lack of educational opportunities
- (i) constraint on fee income and its potential for growth due to limitations of population
- (j) lack of consultation service.

UNDERSERVICED AREA PROGRAM:

The purpose of this program is to provide an integrated system of incentives to physicians to consider practice in areas of special need and to students to consider a career in rural practice on graduation.

RURAL STUDENT RECRUITMENT:

Since relatively few medical graduates from the University of Manitoba have entered rural practice in recent years SCOMM agreed with the College of Family Physicians that recruitment promotion should be directed to rural students. This decision was based on the assumption that they would be more likely than urban students to favour rural practice on graduation.

With the assistance and cooperation of the Committee for the Promotion of Rural Practice, College of Family Physicians of Canada, brochures promoting careers in rural medicine are made available to rural high school guidance counsellors, along with applications from the Faculty of Medicine outlining the selection process and eligibility requirements. This literature is supported by posters for distribution to rural high schools and community areas frequented by students. Rural physicians cooperate by providing information and guidance on request.

WORK EXPERIENCE - FIRST AND SECOND YEAR STUDENTS:

This program provides an opportunity for selected medical students in their first and second years of training to gain appropriate work experience in rural and remote areas. The object is to encourage students to consider rural practice on graduation.

Students are instructed to gain understanding of the life and experience of a rural family physician in the office, in the community, on house calls and at home as well as in the hospital on ward rounds, in the operating theatre, in the emergency department and at committee meetings. They are also instructed to familiarize themselves with community health facilities and health personnel such as public health nurses, social workers, health educators, mental health workers, ambulance attendants and pharmacists.

In 1984 seven students participated in the program. They and their preceptors were selected by Dr. E. Krause, Director, Under-graduate Medical Education; and Dr. G. Beazley, Professor and Head, Department of Family Medicine, Faculty of Medicine, University of Manitoba.

A competitive stipend is paid to each student in addition to reimbursement for accommodation, return travel to the site and meals.

Including supervision and supervisory travel, the program costs amount to approximately \$4,500 per student.

The 1984 participating students contributed seven papers judged to be very high calibre. These were:

1. Review of Aeromedical Services in Manitoba
2. Obstetrics in a Rural Practice
3. The Acute Effects of Ethanol on the Central Nervous System and Its Correlation with Accidental Injuries
4. Health Care Needs and Health Care Delivery During Flooding in Carman, Manitoba
5. Hepatitis: A Problem in the Seven Regions Health Centre
6. The Pas Indian Band - Diabetic Study
7. Rabies: Its Impact on a Rural Community in Manitoba

A maximum of seven students from either first or second year will be accepted for the 1985 summer session.

The program is being evaluated to discover how many of those who take advantage of it actually enter, or contemplate entering, rural practice.

LOANS TO THIRD AND FOURTH YEAR STUDENTS:

Under this component of the incentive program, forgivable loans are offered to selected third and fourth year students provided they undertake to practice, on graduation, in a medically underserviced area.

This program has been less successful than anticipated. One reason for the limited response, added to the barriers to rural practice already mentioned, is the radical adjustment required of young physicians whose training emphasizes advanced technological procedures, sophisticated support services and highly trained auxiliary personnel.

Many newly-trained physicians are reluctant to practice in situations that isolate them from technological supports, experienced peers, specialist consultation, contact with professional colleagues and opportunities for further education.

This type of program has not been successful in some other jurisdictions because a high percentage of students withdraw.

Although, since 1981, more than one-third of Manitoba's loan recipients have withdrawn there is still sufficient interest in the program to warrant its continuation.

Since 1981, 19 undergraduates in third and fourth year Medicine have received loans. Seven withdrew and repaid their loans with interest and 12 remain in the program. Of the latter group, two will be entering rural practice July 1, 1985. A physician can discharge full loan obligation by serving for four years in rural Manitoba.

A copy of the loan agreement with the Manitoba Health Services Commission is in APPENDIX A.

PRIMARY CARE CLERKSHIP PROGRAM:

It is obligatory for fourth year medical students to take a six to eight week primary care clerkship. Over 80 percent choose to take this clerkship in rural Manitoba. The cost, paid by the University of Manitoba, is approximately \$900 per student of which \$400 goes to the preceptor and the remainder to the student for lodging, travel and incidental expenses.

An evaluation of the program is presently underway to determine the extent to which it influences students in favour of rural practice. SCONN endorses this program because it is often the only exposure to rural practice a medical student may have.

RURAL RESIDENCY PROGRAM FOR PRACTICING PHYSICIANS:

During 1985/86 four residency positions will be funded at the Residency III level (\$2,498 per month) for practicing physicians who wish to take post-graduate training for from one to six months in specific skills that will improve their qualifications for rural and northern practice. The Head of Continuing Medical Education, Faculty of Medicine, University of Manitoba, arranges programs to suit each individual. During 1984, five physicians participated in the program.

FAMILY PRACTICE RESIDENCY PROGRAM:

Eleven residents, training as Family Practitioners were supported during their rotation period in a rural medical practice. SCOMM pays transportation costs and costs of accommodation.

ANAESTHESIA RESIDENCY PROGRAM:

A separate program of six-months duration in anaesthesia funded directly by the Manitoba Health Services Commission is also available to family practice physicians with preference given to those in rural and remote areas. This program can accommodate five physicians in each of two annual programs beginning January 1 and July 1. During 1984, 10 physicians availed themselves of this opportunity. A brochure describing this program is distributed widely.

This program is becoming popular with residents and interns. In 1984, the Department of Anaesthesia received several applications from graduates of the Family Practice Residency Program and from those completing a rotating internship.

The Director of the program selects the candidates and SCOMM obtains assurance that they will serve in rural Manitoba for twelve months on completion of training. The commitment is based on a return of service of two months for each month of funding by the Manitoba Health Services Commission. The agreement is in APPENDIX B.

In 1985, ten physicians are expected to complete this program and will be available for practice in rural Manitoba.

INCENTIVE GRANTS TO PHYSICIANS COMMENCING PRACTICE IN A DESIGNATED MEDICALLY UNDERSERVED AREA:

A physician who has been approved by SCOMM and who establishes practice in an area designated by the Minister of Health as medically underserved, may apply for a contract with the Manitoba Health Services Commission giving him/her either a guaranteed net income or an income tax free incentive grant payable over a four-year period.

A medically underserved area may be geographic or be in a specialty with a shortage of practitioners. See APPENDIX C for copies of agreements.

During 1984, a specialist in internal medicine, locating in Thompson, was approved for one year.

Lynn Lake has been declared an underserviced area and SCONN has offered an establishment grant to a second physician planning to enter practice in that community.

SCONN advertises establishment grants for radiologists. A copy of the contract is in APPENDIX D.

PLACEMENT SERVICE:

Up to 1983 SCONN cooperated with the Manitoba Medical Association on a placement bureau in the association's premises as an adjunct to the association's regular service to its members. This was a cordial and productive alliance. It became inconvenient, however, when inquiries directed to the chairman and secretary of SCONN had to be redirected to the placement bureau and vice-versa.

Although close ties are still maintained, in 1983 SCONN assumed the responsibility of offering a placement service for physicians seeking rural practice and communities seeking physician services.

A list of communities seeking physicians is circulated monthly to the Faculty of Medicine, University of Manitoba, to all hospitals, and to the Professional Association of Residents and Interns of Manitoba. A complementary list of physicians seeking practices is circulated to all communities in need of physicians.

A monthly advertisement listing openings in rural Manitoba is placed in the Canadian Medical Association Journal. Further advertising strategies have been rejected as less productive than the listings mentioned, supported by personal contact.

The chairman visits communities in need of medical manpower to discuss local problems and assess inter-personal relationships. Experience has confirmed that every effort must be made to match physician to community and that the cooperation of hospital boards and community leaders must be enlisted in order to secure congenial circumstances and appropriate facilities for the physician proposing to establish a practice. Responsibility for obtaining a physician rests with the community.

LOCUM TENENS:

The provision of locum tenens services is an important aspect of successful recruitment and retention of rural physicians. Rural physicians require holiday relief and time off for continuing medical education.

SCOMM has attempted to establish a locum tenens pool without success. Some retired physicians have provided a limited but welcome service.

Monthly listings of physicians seeking locum tenens are maintained and distributed. They are provided with lists of physicians prepared to serve as locum tenens. This service complements a locum tenens service maintained by the Manitoba Medical Association and both services work together.

Dr. G. Beazley, Professor and Head, Department of Family Medicine, University of Manitoba and Dr. B. Cornelson, Director of Rural Residency Training Programs at the Seven Oaks General Hospital have arranged for second year residents to serve as locum tenens for rural physicians wishing to take the Anaesthesia Residency Program.

Rural physicians have had difficulty recruiting Manitoba or Canadian medical graduates as locum tenens. In 1984, the Minister of Health waived the requirement for the Evaluating Examination for up to six months for 15 graduates of foreign medical schools to perform this necessary function for physicians in northern areas.

PROBLEMS INHERENT IN MANPOWER MALDISTRIBUTION:

Distribution of physician manpower in such a way that all Manitobans have reasonable access to needed physician services is a complex and constantly changing problem which calls for long-term planning, involving Manitoba Health, the Manitoba Health Services Commission and many groups outside government.

The fundamental issues concern all provinces in Canada, as well as most nations in the western industrialized world.

The Federal-Provincial Advisory Committee on Health Manpower has conducted a nation-wide study and its recent report on physician manpower covers the period 1980 to 2000.

The recommendations of this report are being reviewed by a Steering Committee chaired by the Deputy Minister of Health of Manitoba. This committee will include representatives of the University of Manitoba; the College of Physicians and Surgeons, Manitoba; the Manitoba Medical Association, and the Directorate of Research and Planning, Manitoba Health. SCOMM looks forward to this committee's report.

IMMIGRATION POLICIES:

Physician immigration is a Federal responsibility. Federal authorities, however, seek agreement with Manitoba before approving physician entry to this province. The chairman of SCOMM is the provincial immigration authority for entry of physicians.

Under present policy, graduates of foreign medical schools are granted temporary entry permits for 12 months provided they are proceeding to a firm job opportunity in rural Manitoba, or a university education program.

Physicians wishing to locate as specialists may be considered for permanent entry provided their qualifications comply with the regulations of the Royal College of Physicians and Surgeons of Canada and provided they have either a university appointment or an appointment to an area of need as determined by SCOMM.

Before approving immigration to Manitoba of specialists or university appointees, Canada Manpower and Immigration must have evidence that the position has been advertised in the Canadian Medical Association Journal and listed with SCOMM and that no suitable Canadian is available.

Prior to 1983 foreign medical graduates from Commonwealth countries were admitted to Manitoba on the basis of their standing in their country of origin.

Since August 6, 1983, however, an Order-in-Council amending The Manitoba Medical Act makes it mandatory for all immigrant physicians to pass the Evaluating Examination of the Medical Council of Canada before they can be registered in Manitoba. This examination can be taken twice a year at selected centres in the country of origin.

Requiring this standing did not seriously affect physician manpower recruitment as 12 Manitoba graduates entered rural practice in 1984.

Eight graduates of foreign medical schools accepted temporary appointments in rural communities in 1984, compared to 17 in 1983.

In 1984, 46 foreign medical graduates applied for temporary entry to Canada for twelve months compared to 82 in 1983. Of this total, 10 accepted appointments in Winnipeg and Brandon, 25 accepted university residency appointments and 11 are presently serving in the following rural communities:

Erickson	Russell
Steinbach	Vita
The Pas	Roblin
Neepawa	Northern Medical Unit - 4

Ten foreign medical graduates were granted temporary entry to serve in urban areas and with the University of Manitoba:

University of Manitoba	- 6
Urban Hospitals	- 4

Seven of the 28 graduates of foreign medical schools who applied for temporary entry for positions in rural Manitoba in 1983 were granted permanent immigrant status in 1984. Permanent entry was also granted to three physicians with university appointments and three urban specialists (See TABLE V).

TABLE V
Physician Immigration

<u>Year</u>	<u>Approved for Temporary Entry - 12 Months</u>			<u>Urban</u>	<u>Total</u>
	<u>Rural Manitoba</u>	<u>Northern Medical Unit</u>	<u>University of Manitoba Residencies</u>	<u>Winnipeg Brandon</u>	
1982	52	11	44	8	115
1983	21	7	42	12	82
1984	8	3	25	10	46

<u>Permanent Entry-Landed Immigrant Status</u>					
1982	2	6	2*	0	10
1983	14	2	2*	3	21
1984	7	0	3*	3	13

* Staff Appointments

The number of foreign medical graduates eligible for registration and licensure in Manitoba has been affected by the introduction of the Medical Council of Canada Evaluating Examination.

This requirement was supported by SCOMM and the Government of Manitoba. Manitoba was the last province in Canada to require it. Manitoba still does not require all foreign medical graduates to have standing in the LMCC - Licentiate of the Medical Council of Canada - which is the basic examination required of Canadian graduates and is mandatory for immigrants in most other provinces either on admission or shortly thereafter.

While it may seem overly restrictive to demand comprehensive internships and the Evaluating Examination prior to registration and licensure at a time when rural Manitoba is so dependent on foreign medical graduates to meet its physician manpower requirements, SCOMM believes that immigrant physicians should meet the educational requirement and training demanded of Canadian graduates.

REFUGEE PHYSICIAN TRAINING PROGRAM:

The Provincial Department of Health, Federal Department of Employment and Immigration, the College of Physicians and Surgeons of Manitoba, and the University of Manitoba, Faculty of Medicine have made available a special clerkship and internship program to assist those refugee physicians who are located in the Province of Manitoba, to enter the mainstream of medicine in this province. The program has been approved for four years.

The program is designed for those refugees who (as of November 1, 1984) reside in the Province of Manitoba, or those who are directed here (after November 1, 1984) by Immigration Canada. To qualify, refugee physicians must register with the College of Physicians and Surgeons of Manitoba (1410 - 155 Carlton Street, telephone number 947-1694).

The program will provide an intensive, two year training period. In the first year, spaces will be provided for four physicians in a schedule of supervised clinical experiences similar to the final year of the normal medical school. The four physicians will be allowed to write the LMCC qualification examination at the same time as the 4th year students with whom they are studying. In the second year, physicians who pass the LMCC and otherwise qualify will enter the regular internship program at one of Manitoba's teaching hospitals. On satisfactory completion of this second year of training, the physicians will be fully licensed for practice and subsequent specialty training. Physicians in the training program will be jointly supported by Federal and Provincial Funding.

Employment and Immigration Canada provide training allowances during the fourth year clerkship. The province provides an allowance during the clerkship period and funds physicians during the internship period.

This sponsored program for refugee physicians is designed to provide an avenue by which trained physicians who have been uprooted from their homelands by civil strife can find career satisfaction and contribute the benefits of their past training and experience to their adopted homes. No specific demand for services is asked of the physicians, but it is hoped that they will ultimately serve the Province of Manitoba in areas of relative need.

In order to qualify, physicians must be bona fide residents of Manitoba (as of November 1, 1984) or be directed here as refugees by Immigration Canada. Physicians, to be eligible, must have passed the Evaluating Examination of the Medical Council of Canada. The Faculty of Medicine will provide limited assistance to physicians preparing for this examination. Applicants must be proficient in English.

A maximum of four physicians entered the program on January 1, 1985. All qualified applicants are screened by a Committee of the Faculty of Medicine. Because of the limited size of the program applications will not be considered from out-of-province refugee physicians.

During the clerkship and internship years, candidates will be supervised and evaluated by the same process as are regular final year students and interns in the Faculty of Medicine.

It is hoped that this program will accommodate the qualified refugee doctors in this province and provide a framework for the handling of refugee physicians who might arrive in the future.

STANDING COMMITTEE ON MEDICAL MANPOWER

SCHEDULE OF EXPENDITURES

FOR THE YEAR ENDING DECEMBER 31, 1984

1. Summer Work Experience - First and Second Year Medical Students	\$ 28,635.73
2. Incentive Loans - Third and Fourth Year Medical Students	67,500.00
3. Rural Manitoba Residencies	25,446.07
4. Incentive Grants to Physicians Beginning Services in a Designated Underserved Area	7,500.00
5. Family Practice Rural Placements	1,922.14
6. Administrative Costs - Quarterly meetings Travel, Advertising, etc.	8,208.48
TOTAL EXPENDITURE	\$ 139,212.42

APPENDIX A

- MEDICALLY UNDERSERVED AREAS -
PROVINCE OF MANITOBA - LOANS
THIRD AND FOURTH YEAR STUDENTS
FACULTY OF MEDICINE
MEMORANDUM OF AGREEMENT

This Agreement made in duplicate between

(hereinafter called the "student"),

OF THE FIRST PART,

- and -

THE MANITOBA HEALTH SERVICES COMMISSION
(hereinafter called the "Commission"),

OF THE SECOND PART.

In consideration of a loan of \$_____ of which \$_____ will be advanced on the execution of this Agreement and the balance on _____ and the mutual covenants and agreements contained in this agreement, the parties agree as follows:

1. It is an express condition precedent to this Agreement that the student is in good standing and enrolled in the _____ year (third or fourth) of the program of the Faculty of Medicine of the University of Manitoba leading to a degree of Doctor of Medicine.
2. Upon graduating from the University of Manitoba with a degree of Doctor of Medicine and completing the service in Manitoba in an intern capacity necessary in order to be eligible for registration with the College of Physicians and Surgeons of Manitoba, the student shall:
 - (a) immediately apply to be registered with the College of Physicians and Surgeons of Manitoba and within 3 months of being so registered commence practice in a medically underserved area of Manitoba designated by the Commission; or
 - (b) enter into post-internship training in Manitoba, not to exceed 2 years in length unless approved by the Standing Committee on Medical Manpower, and within 3 months of completion of same commence practice in a medically underserved area in Manitoba designated by the Commission. A student is only entitled to follow this course of action if, prior to entering into post-internship training, he has provided the Commission with written confirmation that the Standing Committee on Medical Manpower is of the opinion that the post-internship training fulfills the intent of the incentive program; (If the post-internship training is to be in family practice, then the student shall not be obliged to obtain the written confirmation from the Standing Committee on Medical Manpower); or
 - (c) immediately repay to the Commission the entire amount loaned to him or her under the terms of this agreement, together with interest thereon at the rate provided for in this agreement.

3. If the student is unable to follow the course of action outlined in clause 2(b) because the Standing Committee on Medical Manpower is of the opinion that the post-internship training proposed by the student is not consistent with the intent of the incentive program; then the student shall forthwith follow either of the courses of action set forth in clause 2(a) or 2(c).

FORGIVENESS OF LOAN

4. Beginning on the date on which the student commences practice in a medically underserved area of Manitoba designated by the Commission, the obligation for repayment of the loan made pursuant to this Agreement shall be forgiven at the rate of \$1125 for every 3 months that the student continues to practise in the medically underserved area.
5. Should the student:
 - (a) fail within a reasonable time to graduate from the University of Manitoba with a degree of Doctor of Medicine, or to complete the internship necessary in order to be registered with the College of Physicians and Surgeons of Manitoba; or
 - (b) pursuant to clause 2(b) enter upon post-internship training and fail to successfully complete same; or
 - (c) cease to practise in the designated medically underserved area in Manitoba prior to the entire loan being forgiven, then, the balance of the loan shall immediately be due and payable, together with interest accrued thereon.

INTEREST ON LOAN

6. (1) If the student continues to practise in the medically underserved area of Manitoba designated by the Commission a sufficiently long period of time such that the principal amount of the loan is entirely forgiven, then the interest chargeable on the amount loaned shall be totally forgiven;
- (2) To the extent that the principal sum of the loan(s) is not forgiven through the remission schedule specified in Section 4, interest shall accrue on the funds loaned pursuant to this Agreement from the date that they are advanced to the student;
- (3) For the purposes of determining interest payable, the earliest funds advanced to the student under the terms of this Agreement shall be the first to be forgiven by practice in a medically underserved area in Manitoba designated by the Commission;
- (4) The rate of interest on all monies loaned under the terms of this Agreement shall be equivalent to the prime lending rate charged by chartered banks in Winnipeg on the date that the student becomes obliged under terms hereof to make repayment to the Commission.

NOT CONTRACT OF EMPLOYMENT

7. The student and the Commission agree that this Agreement does not constitute a contract of employment.

ALTERNATE AREA OF PRACTICE OR SERVICE

8. In the event that there is no area of the Province of Manitoba designated as medically underserved at the time the student is ready to enter practice, the Commission shall specify an alternate area of the Province in which to practise or an alternate form of service that will qualify for remission under the terms hereof. Should the student not wish to accept the alternatives presented by the Commission, then, the entire amount of the loan together with interest thereon shall be due and payable to the Commission, and the student shall forthwith make payment of same to the Commission.

NOTICE

9. Where notice is required to be given under the terms of this Agreement it shall be in writing and delivered or sent by registered mail to the Commission at the following address:

Box 925
599 Empress Street
Winnipeg R3C 2T6

or, to the student at the following address:

The student shall, not later than 3 months after obtaining his degree of Doctor of Medicine from the University of Manitoba send to the Commission notice indicating which of the alternatives set forth in paragraph 2 hereof, he intends to select. If the student subsequently wishes to select another alternative, he shall forthwith send the Commission notice of his intention to do so.

COMMISSION TO DESIGNATE AREAS OF PROVINCE

10. The Commission subject to paragraph 8 shall designate medically underserved areas in the Province. Where more than one medically underserved area has been designated, then the student shall have the right to select his preference.

REDUCTION IN ESTABLISHMENT OF PRACTICE GRANT

11. The student acknowledges that the maximum amount of any subsequent establishment of practice grant shall be reduced by a sum equivalent to the amount of monies loaned under the terms hereof.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the _____ day of _____, 19____.

Witness

Student

Executive Director
MANITOBA HEALTH SERVICES COMMISSION

APPENDIX B

GRANTS IN AID OF SHORT TERM TRAINING
RURAL RESIDENCY PROGRAM
STANDING COMMITTEE ON MEDICAL MANPOWER

THIS AGREEMENT made in quadruplicate BETWEEN:

_____, M.D.

(hereinafter called the "physician") OF THE FIRST PART

- and -

The Manitoba Health Services Commission
(hereinafter called the "Commission") OF THE SECOND PART

- and -

(Hospital) OF THE THIRD PART

- and -

(Town or City) OF THE FOURTH PART

HEREBY AFFIRMS THAT:

1. The physician has applied to the Standing Committee on Medical Manpower, representing the Manitoba Health Services Commission to provide payment to him/her for a period of _____ months under the terms of the Rural Residency Program, to take post-graduate training at the University of _____, consisting of:

(Course)

(Duration)

2. And he/she has agreed that on completion of this training he/she will proceed expeditiously to enter into the practice of medicine at _____
(Name of Town)
3. The physician has applied to the Standing Committee on Medical Manpower for financial support under the Rural Residency Program by way of a stipend for a period not exceeding six months, payable monthly at the rate of \$ _____ per month.
4. The Standing Committee on Medical Manpower has approved this training and will grant the financial support as requested by the physician with the first payment payable on or about _____
(Date)

5. Beginning on the day on which the physician commences to practice medicine in _____ (town) the grant made under this agreement will be forgiven at a rate of \$ _____ of the total grant each month during the continuance of the practice, until it is fully forgiven.
6. Should Dr. _____ cease to practice in _____ before the amount of the grant is fully forgiven, the portion remaining shall be immediately due and payable, together with interest on the unpaid balance from the date of the first stipendiary payment under the grant until the date of repayment, at the prime bank loan rate in Winnipeg on the settlement date.
7. The Board of Trustees of the _____ Hospital and the Council of the Town of _____ confirm that as a party to this agreement, they will take active measures to assist Dr. _____ to become settled in their community, particularly with respect to suitable housing, and practice facilities.
8. In Witness Whereof the parties hereto have executed this Agreement on the _____ day of _____, 19____.

Witness

Physician

Executive Director
MANITOBA HEALTH SERVICES COMMISSION

Chairman, Board of Trustees of

Hospital

Mayor

Town or City

AGREEMENT FOR GUARANTEED ANNUAL NET PROFESSIONAL INCOME

MEDICAL

THIS AGREEMENT made in duplicate

BETWEEN:

MANITOBA HEALTH SERVICES COMMISSION
(hereinafter referred to as the "Commission"),

OF THE FIRST PART

- and -

a legally qualified medical practitioner in
Manitoba
(hereinafter referred to as the "Practitioner"),

OF THE SECOND PART

WHEREAS the Practitioner has agreed to establish or to join a private general practice in medicine on a full-time basis for the purpose of providing medical services to the public in an area designated by the Commission as an underserved area;

AND WHEREAS the Commission has agreed to guarantee the Practitioner a net professional income of _____ per annum to be derived from his medical practice in accordance with the provisions of this Agreement;

NOW THIS AGREEMENT WITNESSETH that in consideration of the mutual covenants and agreements hereinafter contained the parties hereto mutually covenant and agree as follows:

1. (1) The Practitioner shall prior to establishing his private general medical practice or joining a general practice hereinafter referred to as "the practice" submit to the Commission the following information:
 - (a) details of his proposed total staff and the salaries to be paid to them;
 - (b) details of the office equipment and furnishings required for the practice;
 - (c) the amount of rent for the office; and
 - (d) details of the vehicle used in the practice.

- (2) The Practitioner shall obtain the written approval of the Commission prior to making any legal commitment to hire staff and to entering into any arrangement for office accommodation and equipment.
2. The Practitioner will practise at _____ and he will be solely and completely responsible for all matters arising out of or resulting from his practise of medicine.
3.
 - (1) The Commission in its discretion may make an advance payment to the Practitioner during the term of this Agreement.
 - (2) The advance payment shall be repaid by the Practitioner at the expiration or termination of this Agreement, or the amount of the advanced payment may be set off against any claim made by the Practitioner respecting the guaranteed net professional income as agreed herein.
4. The Commission and the Practitioner agree:
 - (a) that all fees or accounts receivable arising out of the practice are payable to and are the sole property of the Practitioner;
 - (b) that all debts and liabilities arising out of the practice are the sole responsibility and liability of the Practitioner; and
 - (c) that the proprietary interest in and the liability of the practice are vested solely in the Practitioner.
5.
 - (1) The Practitioner shall:
 - (a) maintain a daily journal and he shall record therein the particulars of the professional services provided by him;
 - (b) maintain accurate and current financial records of all accounts rendered for professional services and the amounts received in payment thereof;
 - (c) maintain accurate and current records of all business transactions related to the practice;
 - (d) maintain a separate bank account for these purposes;
 - (e) submit his accounts for professional services rendered to the Commission or its successor;
 - (f) submit to the Commission for each of the first 5 months of the term of this Agreement statements of receipts and payments; and
 - (g) submit to the Commission at the end of the Agreement year, financial statements respecting the practice.

- (2) The Practitioner covenants that all financial records and business transactions of the practice shall be open for inspection at all reasonable times by the Commission or any agent it designates.
 - (3) The Practitioner agrees that all financial records and books of account will be subject to audit by the Financial Officers of the Commission before final settlement is made.
6. (1) The Commission and the Practitioner agree that the Practitioner's annual professional income and expenditures shall be calculated on an accrual basis and that any inventory shall be evaluated and included in the calculation of the annual professional income.
- (2) The Commission and Practitioner agree:
- (a) that the Practitioner's annual net professional income shall be calculated on the Practitioner's gross total professional income less authorized practice expenses and deductions;
 - (b) that the Commission or any agent it designates retains the right to disallow any expenses and deductions which in the opinion of the Commission appear excessive or unreasonable having regard to the nature of the practice; and
 - (c) convention and course expenses will be subject to the provision specified in clause b of sub-section 2 of section 6 and receipts for these will be required.
- (3) The Commission agrees, at the expiration of the term of this Agreement to pay to the Practitioner the audited difference between the Practitioner's net professional income as calculated herein and such a sum as to ensure a guaranteed net professional income to the Practitioner of _____.
- (4) The Commission agrees that the Practitioner is entitled to an annual vacation of four weeks during the term of this Agreement.
- (5) This Agreement is for a term of one year commencing on _____ and ending on _____.
- (6) Where this Agreement is terminated under the provisions of subsection 7(1) or subsection 7(2) the Commission shall have no obligation to make any payment to the Practitioner regarding the guarantee of his professional income, except for payments made pursuant to section 8.

7. (1) The Commission and the Practitioner agree that this Agreement may be terminated by the Commission on thirty days written notice to the Practitioner where:

- (a) false statements are made in any documents or records required of the Practitioner;
- (b) following a review and report prepared on the request of the Commission, by an ad hoc committee appointed by the Chairman of the Standing Committee on Medical Manpower, the Commission is of the opinion that the services rendered to the Practitioner's patients are not satisfactory or the business or the professional conduct of the Practitioner is not satisfactory;
- (c) the Practitioner does not comply with the terms of this Agreement.

(2) The Commission and the Practitioner further agree that this Agreement shall become null and void where:

- (a) the Practitioner becomes bankrupt; or
- (b) the Practitioner is found to be guilty of professional misconduct; or
- (c) the Practitioner's license to practice is suspended or cancelled; or
- (d) the Practitioner becomes disabled through illness, accident or any cause whatsoever so as to be unable to provide full-time professional services in the designated area for a period of two consecutive months.

(3) The written notice of termination of this Agreement shall be sent by registered mail to the Practitioner at his office address and such notice shall be deemed to have been received on the fifth day after the date of mailing.

8. Where this Agreement has been voided under clause 7(2)(d) the Commission shall pay to the Practitioner a sum that shall be prorated on a monthly basis in such amount as the sum of _____ per annum bears to the number of months of service rendered by the Practitioner under this Agreement.

9. The Minister and the Practitioner mutually acknowledge that this Agreement is not a contract of employment nor is to be construed as such.

10. The Minister and the Practitioner agree that the monetary rights secured hereunder are unassignable except with the prior written consent of the Commission or any agent he designates.

IN WITNESS WHEREOF the Parties hereto have executed this Agreement on the

_____ day of _____

SIGNED, SEALED AND
DELIVERED
in the presence of

[illegible]

MANITOBA HEALTH SERVICES COMMISSION,
as represented by:

The PRACTITIONER

MANITOBA HEALTH SERVICES COMMISSION
INCENTIVE PROGRAM FOR PHYSICIANS
MEDICALLY UNDERSERVED AREAS
PROVINCE OF MANITOBA

ESTABLISHMENT OF PRACTICE AGREEMENT

This Agreement made in duplicate

BETWEEN:

THE MANITOBA HEALTH SERVICES COMMISSION
(hereinafter called the "Commission"),

OF THE FIRST PART,

- and -

(hereinafter called the "Practitioner"),

OF THE SECOND PART.

This Agreement witnesseth that, subject to the terms and conditions hereinafter set out, the parties hereto agree as follows:

TERM OF AGREEMENT

1. The term of this Agreement shall be a period of 12 months from the date that the Practitioner begins to practice in the medically underserved area in Manitoba designated by the Commission under the terms hereof.

PAYMENTS TO PRACTITIONER

2. The Commission agrees:

- (a) to pay to the Practitioner the sum of \$ _____ every 3 months during the term of this Agreement and the term of any renewal thereof, beginning 3 months from the date on which the Practitioner commences practice in the medically underserved area in Manitoba designated by the Commission under the terms hereof.
- (b) the total amount paid to the Practitioner by the Commission under the terms of this Agreement and any renewal thereof shall not exceed the sum of \$ _____.

3. The Practitioner agrees:

- (a) to commence practice on the _____ day of _____ in the medically underserved area of the Province designated by the Commission and more particularly described as follows:
- (b) to continue to practice on a full-time basis in the medically underserved area described above for the term of this Agreement and any renewal thereof.
- (c) that if the Practitioner receives grant monies paid pursuant to this Agreement and fails to continue to practice on a full-time basis as required under the terms of this Agreement, for the period in regard to which the grant monies were paid, those monies shall constitute a debt due and owing to the Manitoba Health Services Commission and shall be repayable to the Commission upon demand.

VACATION TO BE INCLUDED AS PART OF CONTINUOUS PRACTICE

4. The parties agree that the Practitioner shall be entitled during the term of this Agreement and any 12 month renewal thereof, to take a vacation not exceeding 4 weeks, without having that vacation construed as an interruption with the Practitioner's obligation to practice on a continuous basis.

TERMINATION OF AGREEMENT

5. The Practitioner agrees that the Commission shall have the right to terminate this Agreement on 30 days notice where the Commission has decided that the manner in which the Practitioner is conducting his practice is not satisfactory. Prior to making a decision as to whether the service provided by the Practitioner is satisfactory, the Commission shall first consider a report and recommendation from a committee of not less than 3 persons appointed by the Chairman of the Standing Committee on Medical Manpower established at the request of the Commission. It shall be the obligation of the committee to make the report after due inquiry into the matter of the manner in which the Practitioner was conducting his practice.

NOT CONTRACT OF EMPLOYMENT

6. The parties agree that this Agreement does not constitute a contract of employment or service and that it is solely an Agreement to provide for the establishment of practice incentive grant funds to the Practitioner on fulfillment of the Agreement and covenants contained herein.

7. EARLY TERMINATION BY MUTUAL CONSENT

The parties hereto may, by mutual agreement, terminate this Agreement at any time. Should either party wish to terminate the Agreement, it shall give notice of its desire to do so to the other party. The other party shall then consider the request and give notice as to whether it is willing to terminate the Agreement and if so on what basis.

NOTICE

8. Where notice is required to be given pursuant to the terms of this Agreement it shall be in writing and sent by registered mail or delivered:

to the Commission at:

Manitoba Health Services Commission
599 Empress Street
Winnipeg, Manitoba
R3C 2T6

to the Practitioner at: ("address")

Witness

Practitioner

MANITOBA HEALTH SERVICES COMMISSION

Per: _____

AGREEMENT FOR VISITING CONSULTANT RADIOLOGY SERVICES
RURAL HOSPITALS

THIS AGREEMENT, between

and

The Hospital
(address)

and

The Manitoba Health Services Commission
Laboratory and X-Ray Services Division
599 Empress Street, Winnipeg
(hereinafter called the "Commission")

WHEREAS the Hospital requires the professional services of a consultant radiologist; and

WHEREAS the radiologist has agreed to carry out the duties and responsibilities of a radiologist at the hospital herein named, on a visiting basis; and

In consideration of these services, the radiologist will bill fees for service to the Manitoba Health Services Commission in accordance with the schedule currently in effect as published in the Physician's Manual;

IT IS HEREBY AGREED THAT:

1. The radiologist will be appointed to the hospital staff as a consultant and will have the rights and privileges pertaining thereto, and be governed by the bylaws, rules and regulations of the medical staff of the hospital;
2. Subject to By-Law number 3B under Section 40(2) of The Medical Act, the Director of a facility shall apply in the required form to the registrant of the College of Physicians & Surgeons for recognition of a facility as an approved faculty.
3. That the radiologist will attend at the hospital for the purpose of carrying out his duties and responsibilities once in each week on a day mutually agreed upon by the radiologist, the medical staff, and the hospital administration. (Details in this Section should express the specific arrangements that have been agreed upon).

4. A mail-in interpretation service or the use of technical transmission devices may be agreed upon if there are not procedures to be done at the hospital that require the presence of the radiologist; it being provided that the radiologist will attend at the hospital at least once in each year to review the organ imaging facilities.
5. In addition to his professional services in the supervision and carrying out of organ imaging procedures and their interpretations, the radiologist will make himself available on a mutually agreeable schedule for consultation with local physicians; he will provide appropriate professional direction and education for the technical staff; and he will make recommendations in writing to the hospital administration and the director of the laboratory and x-ray division of the Manitoba Health Services Commission with respect to those things that in his opinion would improve the operation of the organ imaging services in the hospital.
6. If the radiologist is unable, on occasion, to personally attend at the hospital, it is agreed that he will try to supply a substitute, and this will be acceptable to the hospital on a temporary basis.
7. If the radiologist does his interpretations and dictates his reports on site, the hospital will supply the secretarial service for typing these reports. If the interpretations are done elsewhere, the secretarial service is the responsibility of the radiologist, since his consultant reports are required to be supplied to the physician and the hospital in writing.
8. The term of this agreement is two years from the date of its signing; and it shall be automatically renewed for one year periods in the absence of notice to the contrary.
9. Notice of termination of this agreement may be given by any one of the three parties to it, by notice sent by registered mail to the other parties not less than six months before the requested termination date.

Signed at _____ this _____ day of _____, 19__.